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**Document(s) Attached: Response to Restriction Requirement,
Preliminary Amendment, Transmittal
Total Pages (incl. this Sheet): 11**

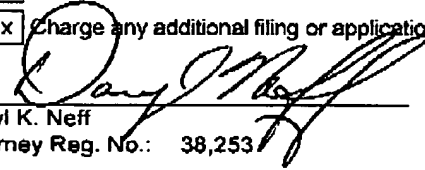
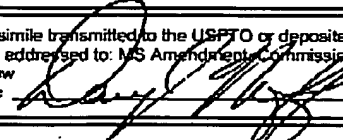
In re application of:	Donald J. Delchanty et al.
Serial Number:	10/605,610
Filing Date:	October 13, 2003
Attorney:	Todd M.C. Li IBM Corporation Dept.18G, B/321, Zip 482 2070 Route 52 Hopewell Junction, NY 12533

PLEASE DELIVER TO:

EXAMINER **Patricia A. George**
ART UNIT: **1765**
FAX NO: **571-273-8300**

FROM: Daryl K. Neff
 4 Eugene Circle
 Lincoln Park, NJ 07035
 Phone 973-316-2612

FIS920020214US1

AMENDMENT TRANSMITTAL LETTER			Docket No. FIS920020214US1	
Application No. 10/805,610	Filing Date 10/13/03	Examiner Patricia A. George	Art Unit 1785	
Applicant(s): Donald J. Delehanty et al.				
Invention: PLANARIZATION SYSTEM AND METHOD USING A CARBONATE CONTAINING FLUID				
TO THE COMMISSIONER FOR PATENTS				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
CLAIMS AS AMENDED				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims	18	21	0	
Independent Claims	2	- 3	0	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify):				
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entry				
<input checked="" type="checkbox"/> No additional fee is required for this amendment.				
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 09-0458 as described below. A duplicate copy of this sheet is enclosed.				
<input checked="" type="checkbox"/> Credit any overpayment.				
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
 Daryl K. Neff Attorney Reg. No.: 38,253			Dated: <u>September 22, 2005</u>	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. Dated: September 22, 2005 Signature:  (Daryl K. Neff)				